

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	10X	20591	6/18
O.I.P.E. CLASSIFIER			5-6-14-99
FORMALITY REVIEW	64477		6-23-99

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/21/02
2	✓	✓	2/1/01
3	✓	✓	5-29-01
4	✓	✓	8/19/01
5	✓	✓	12/3/02
6	0	✓	5/10/03
7	✓	✓	10/6/03
8	✓	✓	-
9	✓	✓	-
10	✓	✓	-
11	✓	✓	-
12	✓	✓	-
13	✓	✓	-
14	N	✓	-
15			-
16			-
17			-
18			-
19			-
20	N		-
21		✓	✓
22			✓
23			✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here